FORM D



03058863 RECEIVED (18)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

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OMB Approval
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. . .16.00

SE	SEC USE ONLY										
Prefix		Serial									
DA	TE RECEN	/ED									
	i .										

Name of Offering (□ c	check if this is an amendment and n	ame has changed, and indica	ite change.)	
May Logistic	s Services, Inc. Common Stock, Services, Inc.	ries D Preferred Stock, Serie	s E Preferred Stock ar	nd Warrant for Common Stock
Filing Under (Check box(es)		Rule 505 🛛 Rule 506		ULOE
Type of Filing: New Fi	iling Amendment			
	A. BASIC	IDENTIFICATION DAT	`A	
1. Enter the information requ	ested about the issuer			
Name of Issuer (□	check if this is an amendment and r	ame has changed, and indic	ate change.)	
May Logistic	s Services, Inc.			
Address of Executive Offices	(Number and S	treet, City, State, Zip Code)	Telephone Numb	er (Including Area Code)
6565 Knott A			(714) 994-5713
Address of Principal Business	Operations (Number and Street, C	ity, State, Zip Code)	Telephone Numb	er (Including Area Code)
(if different from Executive O	ffices)			
Brief Description of Business				
Provider of or	ut-sourcing, third party logistics, wa	trehousing and transportation	n services.	
				
Type of Business Organizatio				
	☐ limited partnership, alread		athan (mlassa amasifu)	. החתרונים
☐ business trust	limited partnership, to be 1		other (please specify)	PROCESSE
			ear	1 NAV 0 0 2002
Actual or Estimated Date of In	ncornoration or Organization:	0 3 8	4 🛭 Actua	al Estimated MAY 3.0 2003
	or Organization: (Enter two-letter U			_
tancered of incorporation	ž	N for other foreign jurisdict		A THOMSON FINANCIAL
	or ioi ouriada, r	Io. onioi ioioign juiloutot	,	- INVITCING

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		IFICATION DATA							
2. Enter the information requested for the	_								
•	Each promoter of the location in south the open right and past in the years,								
issuer;									
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	⊠ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Code, Andrew W.									
Business or Residence Address (Number a 10 S. Wacker Drive, Ste. 317	and Street, City, State, Zip Co 5, Chicago, IL 60606	ode)							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Simmons, Brian P.									
Business or Residence Address (Number a 10 S. Wacker Drive, Ste. 317	and Street, City, State, Zip Co 5, Chicago, IL 60606	ode)							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Vesely, Jon S.									
Business or Residence Address (Number a 10 S. Wacker Drive, Ste. 317	and Street, City, State, Zip Co 5, Chicago, IL 60606	ode)							
Check Box(es) that Apply:	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Hatcher, Krista M.									
Business or Residence Address (Number a 10 S. Wacker Drive, Ste. 317	and Street, City, State, Zip Co 5, Chicago, IL 60606	ode)							
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) MacKenzie, Timothy J.				•					
Business or Residence Address (Number a 222 West Adams Street, Chicago, I	and Street, City, State, Zip Co L 60606	ode)							
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Dickson, Richard									
Business or Residence Address (Number a 12307 Hobart Avenue, Palos	and Street, City, State, Zip Co Park, IL 60464	ode)							
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual) Fraser, Stephen			-						
	and Street, City, State, Zip Co Barrington, IL 60010	ode)							

A. BASIC IDENTIFICATION DAT							
2. Enter the information requested for the following:	A						
• Each promoter of the issuer, if the issuer has been organized within the past five years;							
• Each beneficial owner having the power to vote or dispose, or direct the vote or dispositi issuer;	on of, 10% or more of a class of equity securities of the						
Each executive officer and director of corporate issuers and of corporate general and man	naging partners of partnership issuers; and						
Each general and managing partner of partnership issuers.							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive O	fficer						
Full Name (Last name first, if individual) Klyczek, John B.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
10034 Somerset Drive, Munster, IN 46321							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive C	Officer						
Full Name (Last name first, if individual) Sullivan, Patrick							
Business or Residence Address (Number and Street, City, State, Zip Code) 935 W. 175 th Street, Homewood, IL 60430							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive O	fficer Director General and/or Managing Partner						
Full Name (Last name first, if individual) Code Hennessy & Simmons III, L.P.							
Business or Residence Address (Number and Street, City, State, Zip Code) 10 S. Wacker Drive, Ste. 3175, Chicago, IL 60606							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive C	Officer Director General and/or Managing Partner						
Full Name (Last name first, if individual) William Blair Mezzanine Capital Fund II, L.P.							
Business or Residence Address (Number and Street, City, State, Zip Code)							
222 West Adams Street, Chicago, IL 60606							
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	officer Director General and/or Managing Partner						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	fficer						
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							

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i. Has u	he issuer sol	a, or does u						-	*******		,		\boxtimes
2 What	is the minin	num inuactr	-		ndix, Colum	_						C 37/4	
Z. What	is the mini	num mvesu	nent ulat wi	n de accept	d from any	marviduar?				•••••	*******	\$ <u>N/A</u>	No
	the offering	-	•	_								Yes	No ⊠
simila an ass broke	the informa ar remunerat sociated per or or dealer. formation for	ion for solic son or ager If more tha	citation of point of a broke of a broke on five (5) pe	urchasers in er or dealer ersons to be	connection registered v	with sales owith the SE	of securities C and/or wi	in the offeri th a state o	ng. If a pers r states, list	son to be list the name o	ted is		
Full Nam	e (Last nam N/A	ne first, if in	dividual)										
Business	or Residenc	e Address ((Number and	d Street, Cit	y, State, Zip	Code)							
Name of	Associated I	Broker or D	ealer										
	Which Person											7 411 5	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		D]
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Business	or Residenc	e Address (Number and	d Street, Cit	y, State, Zip	Code)			· · · · · · · · · · · · · · · · · · ·				
Name of	Associated I	Broker or D	ealer				44						
	Which Person] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		D]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[]	MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	<u>[]</u>	PR]
Full Nam	e (Last nam	ne first, if in	dividual)										
Business	or Residenc	e Address ((Number and	d Street, Cit	y, State, Zip	Code)							
Name of	Associated I	Broker or D	ealer										
States in	Which Perso	on Listed H	as Solicited	or Intends t	o Solicit Pro	rchasers							
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[RI]	. [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[]	PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROC	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \infty and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		gregate ring Price	Am	nount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity (9,197.955 shares of Series D Preferred Stock and 9,197.955 shares of Series E Preferred Stock and a warrant to acquire 343.901 shares of Issuer's Common Stock have been issued in exchange for \$9,197,955 of principal and accrued interest on the Amended and Substituted Subordinated Promissory Notes dated 12/31/2001 by subsidiaries of the Issuer)				
	□ Common □ Preferred		8,279.52		198,279.52
	Convertible Securities (including warrants)				1,000.00
	Partnership Interests	\$	-0-	\$	-0-
	Other (Specify)	\$	-0-	\$	-0-
	Total	\$ <u>9,199</u>	9,279.52	\$ <u>9.</u>	199,279.52
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			umber vestors	Do	Aggregate ollar Amount of Purchases
	Accredited Investors		7	\$ <u>9</u>	,199,279.52
	Non-accredited Investors		-0	\$	-0
	Total (for filings under Rule 504 only)	·	<u>N/A</u>	\$_	N/A
3,	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	т.	···· · · · · ·	D	ollar Amount
	Type of Offering		ype of ecurity	D	Sold
	Rule 505	·	N/A	\$_	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	-0-
	Printing and Engraving Costs			\$	-0-
	Legal Fees		🛛	\$ <u>10</u>	0,000
	Accounting Fees			\$	-0-
	Engineering Fees			\$	-0-
	Sales Commissions (specify finders' fees separately)			\$	-0-
	Other Expenses (identify)			\$	-0-

\$10,000

	•						
	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES A	ND USE	OF PROCE	EDS		· · · · · · · · · · · · · · · · · · ·
(o. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to Pohe "adjusted gross proceeds to the issuer."	art C - Question 4.a. This difference	e is	,		\$9.1	89,279.52
5. 1	ndicate below the amount of the adjusted gross proceeds t	o the issuer used or proposed to be a	ısed			Ψ <u>Z,1</u>	07,217.32
:	or each of the purposes shown. If the amount for any purind check the box to the left of the estimate. The total adjusted gross proceeds to the issuer set forth in response to	rpose is not known, furnish an estir of the payments listed must equal	nate				
				Payments to Officers, Directors, & Affiliates		Pa	nyments to Others
	Salaries and fees		\$_	-0-	. 🗆	\$	-0-
	Purchase of real estate		□ \$_	-0-	. 🗆	\$	-0
	Purchase, rental or leasing and installation of machiner	y and equipment	□ \$_	-0-		\$	-0-
	Construction or leasing of plant buildings and facilities		□ \$_	-0-	_ 🗆	\$	-0-
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger)	securities of another issuer		•	-	•	0
	Repayment of indebtedness		<u> </u>	-0- -0-	. 니	\$	-0-
	Working capital		 □ .	-0-	. 🛛	\$ <u>9,1</u>	87,955 -0-
	Other (specify): Consideration for waiver of defaults u	nder, and amendments to, the	☐ ¢	-0-	. ⊔ ⊠	-	
	Issuers senior credit facility			-0-	. 🛛	\$ <u>1,3</u>	-0-
				-0-		\$ \$	
	Column Totals		□ ⊅_		_ 니	.	-0-
	Total Payments Listed (column totals added)			⋈ \$ <u>9,18</u>	9,279.52		
	D.	FEDERAL SIGNATURE					
signa	issuer has duly caused this notice to be signed by the unde iture constitutes an undertaking by the issuer to furnish to mation furnished by the issuer to any non-accredited inves	the U.S. Securities and Exchange C	ommissior				
Issue	r (Print or Type)	ignature		I	Date		
	May Logistic Services, Inc.	Krust, Hatcher			5-2	3-	03
Nam	e of Signer (Print or Type)	itle of Signer (Print or Type)					
Kris	a Hatcher	Vice President and A	ssistant S	ecretary			

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)